

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36325
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 791
(b) Township..... Primary Registration District No. 2. 1003
(c) City St. Louis (d) Street No. 1358 Bayard Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1358 Bayard Ave. St. 6
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Late John Hall
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 1, 1861
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 0 23
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

13. NAME Robert Bussey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

15. MAIDEN NAME Mary Stone

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT Robert Hall (ADDRESS) 1358 Bayard Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Bethelhem DATE 10-27 1937

19. FUNERAL DIRECTOR Kriegshauser Mortuaries (ADDRESS) 4228 So. Kingshighway

20. F OCT 25 1937 J. H. Brudeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-24-37 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937, to Dec 24, 1937

I last saw him alive on Dec 20, 1937 Death is said to have occurred on the date stated above, at 12:25 A.M.

The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation
+ Cardiac Dilatation

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John C. Brown M. D.

(Address) 4518 Washington Ave

John C. Brame
Central Hospital Hrs. 2-4 P.M.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Edmund J. McNamee

Licensed Embalmer No.

3024

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)